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## A COMPREHENSIVE HEALTH PROGRAM FOR CITY EMPLOYEES

*What are the components of a comprehensive health program for city employees? What are the major factors to consider in establishing such a program?*

The interest of city officials in a comprehensive employee health program is twofold. First, a health program is one phase of evaluating applicants for city employment as to their physical ability to perform the work. Second, it assists employees in maintaining their health at a level where they can meet the physical demands of the job.

The first concern, evaluating the physical condition of applicants, is management orientated, the elimination of physically undesirable applicants. The second concern is both employee and management orientated. The health program helps employees keep in good physical condition not only for the employee's sake, but also for management's desire to keep at a minimum the time lost due to injury and illness. The city health program should be concerned not only with on-the-job injuries and occupational illness but with nonoccupational injuries and illness as well.

The need for well-developed health programs is highlighted by the fact that wage losses in 1949, due to total and partial disability, amounted to \$21 billion in the United States. The Census survey at that time showed 4,569,000 persons between the ages of 14 and 64 years unable to work because of illness or disabling conditions. In 1950 between 400 and 500 million man days were estimated to be lost yearly. Ten per cent of these were due to industrial accidents or occupational disease, while 90 per cent were lost because of nonoccupational disability.

Actual experience of the city of San Jose, California, alone justifies the need for health programs. Its experience is not unique. One man was employed with a defective back before routine medical examinations were instituted. The medical cost to the city was over \$10,000 in this case alone. A patrolman in the police department was given an agility test which he passed; but without a medical examination, an old football injury was not discovered until he began to ride a motorcycle. The city has spent \$2,000 on this one employee in addition to his time lost, and payment for compensation and illness. It is anticipated that this employee will apply for early retirement. A careful medical examination would have prevented this case.

### What is a Comprehensive Health Program?

Health programs are not a "wonder drug." They will not by themselves eliminate all undesirable applicants or reduce time lost due to illness or injury. Dr. Robert Collier Page, medical director of Standard Oil Company of New Jersey, states that nonoccupational disability and absence from work is a measure of the adequacy of employee-management relations, over-all efficiency, and basic morale. His studies further show that absenteeism is due to many factors, such as high earnings, employees new to industrial employment, home responsibility, long hours, fatigue, boredom, strain, illness, and lack of appreciation by management of the importance of employees. Charles E. Wilson, in his 1951 manpower study, estimated that sickness absenteeism in industry, now reducing the labor force by two million man-years, can be cut in half by careful medical-employment teamwork. Thus the health program is one aspect of the over-all personnel program.

Components of a Health Program. Authorities have listed the elements of a health program



in several ways. The Council on Industrial Health of the American Medical Association states that adequate industrial health service should include the following:

1. Preplacement examinations.
2. Periodic health examinations.
3. Treatment of all occupational diseases and injuries as required by statute.
4. Reasonable care and advice for nonindustrial injuries and illnesses occurring while on the job.
5. Adequate records and analysis of the health experience of an employee in order to point out future objectives.
6. Collaboration with management in the provision of a healthful working environment.
7. Collaboration in a safety program.
8. Health education for employees.
9. Coordination with community health activities.

To these should be added a medical and hospital insurance plan, a sick leave program, and an adequate retirement plan. These programs often are considered solely as fringe benefits, but such programs are related to comprehensive health programs. They are discussed in this report only in reference to health programs. This report emphasizes the medical aspects of these programs.

No Package Programs. Before discussing each component, it should be emphasized that an effective program will succeed only if certain conditions and attitudes exist. There is no one best program for every city large and small. With the above listed components of an employee health program in mind, each city should develop plans to meet the needs of its employees within the financial, medical, and hospital resources available. Phoenix, Arizona, and Fresno, San Diego, and San Jose, California, have developed effective programs which have reduced the time lost due to illness or injury, raised the health level of workers, and returned a rebate on the city's workmen's compensation insurance premium. This report is based largely on the experience of these four cities.

### Purposes of Medical Examinations

Several years ago cities began to experience a rapidly rising cost in compensation insurance because of increased medical and hospital charges. In exploring ways to reduce these costs, there was evidence that cities were employing persons with pre-existing disabilities and that many of these employees were away from their duties because of these disabilities. Others were functioning less efficiently at their jobs because of these physical disabilities. These disabilities were costing considerable sums of money for compensation costs and lost time. Further investigation showed that city employees with many years of service were developing conditions which could be corrected if they were discovered early, thus enabling the city to receive the services of these people for many more years. An analysis of these problems points up the need for thorough medical examinations, both pre-employment and periodically after employment. For greatest effectiveness, such examinations should be based on predetermined job standards.

Standards. Before medical examinations, either pre-employment or periodically after employment, can be effective, it is important that medical standards be set for different types of work. Not only can the physically handicapped do certain types of work if the physical demands of the job are analyzed, but people with other chronic conditions can be employed. Essentially a gradation schedule is established. These Standards are not to be confused with physical agility tests.

The city of San Diego has a manual of medical standards which divides types of employment into medical groups depending on the physical condition required. Group I is for positions requiring a high degree of physical perfection — firemen, policemen, lifeguards. Group II includes positions demanding physical labor and exertion, such as water meter readers, truck drivers, and other skilled, semiskilled, and unskilled manual workers. Group III includes all office and other sedentary jobs which require little physical exertion. Group IV positions are those that permit matching the



physical demands of a job with the physical capacities of a handicapped applicant. The manual goes on to establish criteria that apply to all groups and to specific groups. For instance, applicants with a heart murmur are not acceptable except for group III, except at the discretion of the examining physician.

Pre-employment. A number of objectives can be served by requiring all job applicants to take a physical examination. First, medical examinations prevent a city from becoming a dumping ground for medically unfit people who may have been rejected by other employers.

Second and equally important, medical examinations permit the grading of persons relative to the demands of the job for which they are being employed. For example, a police officer will need to have normal vision and hearing, while with other occupations it is possible to accept employees whose vision may be corrected.

Third, many persons with handicaps may be employed for positions that they can physically do. Telephone operators with severe orthopedic defects may be able to sit on a stool and operate a switchboard even though they may have great difficulty in walking.

Finally, the pre-employment medical examination is one more objective means for recruiting competent people for government service. Frequently if it becomes known throughout the community that personnel standards are strictly adhered to, the people who are tired and want a soft job just don't apply. Standardized procedures for medical examinations leave little to be criticized either by the applicants or by their friends.

Recurrent Medical Examinations. Periodic examinations of employees are desirable because they protect the employee and the city. Results will either assure the employee he is physically able to perform his work or not. Minor defects will be spotted that if corrected may save the employee from a serious illness. The city is assured that workers are not being asked to do tasks that are physically harmful to them and which might result in injury, serious illness, or harm to others. From the city's viewpoint such precautions should be reflected in workmen's compensation premiums and a reduction in time lost from the job.

Cities should provide for medical examinations of most employees similar to pre-employment examination every three years for those who are under 45 years of age and every year for those who are over 45. For some types of positions, such as police and fire, annual physicals are desirable regardless of age. In this way preventable diseases may be found early, and employees may be advised to see their family physicians for care. Employees should be examined by the city physician after a prolonged illness, or if absent frequently from work due to illness, or unable to function adequately on the job. Cities should require medical examinations before applicants are granted a retirement pension for disability. Any service-connected injury or illness should be discovered before the employee retires so that the city will be protected in any future litigation. Persons eligible for retirement and not functioning adequately on the job for medical reasons may be requested to have a medical examination even before their annual medical examination is due.

Corrections of Defects Found. Many ways have been used to secure corrections of the defects found on medical examinations. Although sufficient time should be allowed by the medical examiner to discuss the defects thoroughly with the employee, often this does not secure the correction. Payments for a hernia operation may have to compete with payments on a TV set, a washing machine, and the house, with the consequence that the hernia operation waits until some of the more pressing debts are paid. Sometimes it is found that the nurse may be more effective than the physician in discussing the need for correction of physical defects with the employee. With the employee's consent, the examining physician may call the employee's private physician and notify him of the defects found. The employee's doctor may be able to persuade the employee to act on the advice given. In general, it has been found that employees are most appreciative of a thorough and complete physical examination. They will accept the advice in most instances, and secure correction of the defects.

In obtaining correction of defects, minor or major, several related problems must be considered. First is the degree that standards will be applied to employees. It is one thing to be strict with a job applicant; it is quite another to cause an employee to lose his job because of complete adherence to the standards. If the problem is easily corrected, no problem exists. However, where the defect is



serious and perhaps not correctable, the city faces a problem. It cannot easily discharge the employee. Therefore, the city should adopt a policy of attempting to reassign the employee to work he is physically suited to do through a transfer or a voluntary demotion.

Second, physical problems that are correctable and affect or could affect an employee's ability to perform should be ordered corrected. R. N. Klein, chief administrative officer of Fresno, California, states that it is desirable to establish a specific time period in which the employee must take action. Fresno uses periods of six months to a year depending on the case, with provisions for extension under certain conditions.

Third, the city must consider how employees will be notified of the results of the examination. It is suggested that a doctor or nurse can talk to the employee. However, a city establishing a health program should be aware of the fact that in giving medical advice it might be criticized. The personnel officer of San Diego, California, reports:

Here in San Diego, the local medical society frowns upon anything which might be considered "practicing medicine" in connection with a municipal medical examining program. For this reason, we do not give medical care and advice. More specifically, our experience has taught us that it is best (in our system, at least) for the examining physician to give no indication of his findings directly to the applicant or employee. All medical findings are reported to my office and are given special handling, depending upon the circumstances in each case.

San Diego hires retired physicians while San Jose hires private doctors on a part-time basis. This point is discussed below.

#### Procedures in Medical Examinations

**Selection of Medical Examiners.** The most important factor in the medical examination is the selection of a physician who is not only well trained in the field of diagnosis, but who is competent also to render an unbiased opinion with complete understanding of the job which the applicant expects to fill. Examinations should not be conducted by the applicant's family physician. He is not familiar with the job standards. The family physician tends to feel devoted and responsible to his patient, far over and above his responsibility to that somewhat nebulous and impersonal thing that belongs to everybody and yet to no one — the city government. Too often government employment is looked upon as a sinecure even though the physician may feel that he is trying to do a thorough and impartial examination. With many family physicians doing examinations for city employment, there will be as many different standards of rating, evaluation, or grading as there are examining physicians. Uniformity in selection and classification of applicants is an important factor in the success of a municipal program.

Having indicated the kind of a medical examiner who is not desirable, but who is frequently used, what then are the characteristics for a desirable medical examiner. Ideally he should be trained in the field of internal medicine, preferably a member of the American Board of Internal Medicine. The internist is specifically trained in diagnostic procedures.

Most cities will probably have to rely on part-time physicians. The important consideration is to avoid conflicts of interest. Again it should be pointed out that some cities feel that it is unwise to use private physicians. San Diego reports: "Our experience has shown that retired physicians working for the City (or the County Health Department under contract to the City as is the case here) are very effective and able to handle the examinations with objectivity necessary. We have one young doctor on a part-time schedule who is allowed to carry on a private practice but is in obstetrics and consequently presents no problem of a conflict of interests." The important consideration is that the examining of city employees or applicants should not be viewed by a physician as a means of adding patients to his practice. Thus the physician should be adequately paid.

In many instances, it is more desirable to have a male physician to examine men and a female physician to examine women.

**Medical History.** The first step in giving physical examination is to obtain a medical history (see Figure 1). Too often completing medical histories is considered a routine process, and little importance is attached to the information sought. Actually this information is highly important to the examining physician. The information may indicate incipient medical problems which the



# CITY OF SAN JOSE REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME				2. DEPARTMENTAL ASSIGNMENT		3. POSITION CLASS NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)				5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION	
7. SEX	8. RACE	9. TOTAL YRS. CITY SERVICE CITY DEPT.	10. NON-CITY OCCUPATION		11. PREVIOUS EMPLOYER	11A YRS. IN JOB	
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION			
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)							

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:		
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	RELATION(S)
FATHER							HAD TUBERCULOSIS
MOTHER							HAD SYPHILIS
SPOUSE							HAD DIABETES
BROTHERS AND SISTERS							HAD CANCER
							HAD KIDNEY TROUBLE
							HAD HEART TROUBLE
							HAD STOMACH TROUBLE
CHILDREN							HAD RHEUMATISM (Arthritis)
							HAD ASTHMA, HAY FEVER, HIVES
							HAD EPILEPSY (Fits)
							COMMITTED SUICIDE
							BEEN INSANE

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)							
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO
		SCARLET FEVER, ERYSIPELAS			GOITER		
		DIPHTHERIA			TUBERCULOSIS		
		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)		
		SWOLLEN OR PAINFUL JOINTS			ASTHMA		
		MUMPS			SHORTNESS OF BREATH		
		WHOOPING COUGH			PAIN OR PRESSURE IN CHEST		
		FREQUENT OR SEVERE HEADACHE			CHRONIC COUGH		
		DIZZINESS OR FAINTING SPELLS			PALPITATION OR POUNDING HEART		
		EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE		
		EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS		
		RUNNING EARS			FREQUENT INDIGESTION		
		CHRONIC OR FREQUENT COLDS			STOMACH, LIVER OR INTESTINAL TROUBLE		
		SEVERE TOOTH OR GUM TROUBLE			GALL BLADDER TROUBLE OR GALL STONES		
		SINUSITIS			JAUNDICE		
		HAY FEVER			ANY REACTION TO SERUM, DRUG OR MEDICINE		
21. HAVE YOU EVER (Check each item)							
		WORN GLASSES			ATTEMPTED SUICIDE		
		WORN AN ARTIFICIAL EYE			BEEN A SLEEP WALKER		
		WORN HEARING AIDS			LIVED WITH ANYONE WHO HAD TUBERCULOSIS		
		STUTTERED OR STAMMERED			COUGHED UP BLOOD		
		WORN A BRACE OR BACK SUPPORT			bled excessively after injury or tooth extraction		
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS			
25. WHAT IS YOUR USUAL OCCUPATION?				26. ARE YOU (Check one)			
				<input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

Figure 1 — Report of Medical History (front side)



YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
		B. INABILITY TO PERFORM CERTAIN MOTIONS
		C. INABILITY TO ASSUME CERTAIN POSITIONS
		D. OTHER MEDICAL REASONS <i>(If yes, give reasons)</i>
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? <i>(If yes, give details)</i>
		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? <i>(If yes, state reason and give details)</i>
		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? <i>(If yes, state reason and give details)</i>
		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? <i>(If yes, describe and give age at which occurred)</i>
		33. HAVE YOU EVER BEEN A PATIENT <i>(committed or voluntary)</i> IN A MENTAL HOSPITAL OR SANATORIUM? <i>(If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)</i>
		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? <i>(If yes, specify when, where, and give details)</i>
		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? <i>(If yes, give complete address of doctor, hospital, clinic, and details)</i>
		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? <i>(If yes, which illnesses)</i>
		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? <i>(If yes, give date and reason for rejection)</i>
		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? <i>(If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)</i>
		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? <i>(If yes, specify what kind, granted by whom, and what amount, when, why)</i>
<p>I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.</p>		
TYPED OR PRINTED NAME OF EXAMINEE		SIGNATURE
40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician shall comment on all positive answers in items 20 thru 39)</i>		

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
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Figure 1 — Report of Medical History (reverse side)



applicant may have so that the examining physician can direct his attention to these conditions. In other instances, it may reveal the mental health of the applicant.

The original medical history becomes the basis of the employee's health record. This form, along with the findings of the physician, should become a permanent part of the personnel records of the employee. All future results of periodic examination also should be kept on file. This information is vital to the examining doctor.

Later medical findings may also indicate the applicant's integrity and honesty (or to be more generous, adequate memory) in recalling his illnesses and operations. San Diego's rules provide that falsification of medical history record is grounds for dismissal.

Laboratory Tests. A battery of laboratory screening tests will aid the physician and save a great deal of his time in completing an evaluation. The quality of the laboratory work is of paramount importance. Slipshod or undependable laboratory examinations may completely mislead the doctor. He depends upon the "lab" findings to aid him in rendering an adequate medical opinion concerning the applicant's ability to perform on the job. In San Jose, the city health department laboratory performs these tests with a minimal amount of time and effort. With proper planning employees can be assembled in groups or at a specific hour of the day or week so that the laboratory will not have its regular routine upset.

A variety of tests can be given. Urine tests are given for albumin and sugar. If the albumin test is positive, the sediment is examined for other indications of infection or urinary disease. If the urinary test is positive for sugar, special blood studies also will be made for indication of diabetes. A blood sample is examined for syphilis and hemoglobin. In San Jose consideration has been given to blood typing where city employees may be expected to serve as blood donors.

Stool specimens are not examined because the ova and parasites found in a stool specimen may change rather rapidly, and a series of stool specimens would be needed to rule out such diseases as typhoid fever, for example. Municipal employment, except for food handlers or sewer workers, would not involve instances where these intestinal parasites would be of concern unless the patient showed some physical indication of the need for these special tests. Sputum examinations are not done unless there is some special indication for it.

Many physicians encourage the use of the Papanicolaou smear test on all female applicants to detect cancer, especially among those over 40 years of age. In most instances this laboratory test would add considerably to the cost of the physical examination, but if this cost is not excessive it is desirable.

Other Types of Tests. Screening type or minifilm chest x-rays should be required on all applicants, as well as persons who appear for re-examination. For testing vision acuity, the city of San Jose uses an orthorator visual testing apparatus. However, any device which tests distance vision, near vision, color blindness, peripheral visual fields, and depth perception, should be adequate for most employees. Employees over 40 years of age should have a test for intraocular pressure every two or three years for the detection of glaucoma. Except for the last test, these vision tests can be performed by a staff nurse.

Audiometer tests for hearing require a special room, instrument, and a trained audiometrist, if the results are to be significant. The audiometer test is a valuable adjunct to the screening procedure and often aids in the placement of the individual or the correction of the hearing loss so that the applicant can be employed. An electrocardiograph also would be desirable on all applicants over 40 years of age. Because of the added cost, this test should be done only if the patient's history or medical findings indicate that the examinee might have cardiac disease and if requested by the examining physician.

Puffmeter tests may also be considered as a means of detecting individuals with a deficient respiratory capacity. Dental examinations should be performed by a dentist or a dental hygienist if available; otherwise only gross defects will probably be discovered by a medical examination. If female employees object to a pelvic examination, they can be permitted to bring a report from a private physician.



Medical Evaluation and Classification. The extent of the medical examination is indicated by the "Report of the Medical Examination" reproduced in Figure 2. All of the laboratory reports, medical history, and findings from the medical examination need to be assembled for the physician to render an opinion as to the applicant's physical condition. For example, if the examiner feels that the applicant is in need of psychological testing, this should also be completed before an evaluation is done. The physician then should complete a brief summary of significant defects and classify the examinee as (1) without any physical or medical limitations; (2) with minor corrective defects; (3) with major defects; or (4) unemployable. Naturally the evaluation of the employee is done on the basis of the standards set. The final decision as to whether the person with these defects can be employed rests with the appointing authority. His decision must be based upon established standards and policy.

Preparation of Employees for Medical Examinations. Medical examinations pose a threat to some individuals. They fear that they may be dismissed, retired, or demoted. Others would rather not know that they are ill even if it means death at an earlier period. Some have religious objections to physical examinations or medical care. A carefully planned health education program has to be designed to overcome some of these fears and prejudices against medical examinations. Health education must be as carefully planned and organized as the medical examination program. Specialists in the field of health education should be consulted and their best techniques used. A belligerent, suspicious group of employees can ruin any medical program.

The health education program should be designed to promote employee understanding of the following points: (1) the kinds of tests and examinations which will be given; (2) that this examination will not cause anyone to lose his job unless it would be detrimental to his own health and safety or that of his fellow workers; (3) that his physical defects and the examination will be thoroughly discussed with him; (4) that it will be entirely up to him to secure whatever medical care he wishes from whomever he wishes and that it is to be done at his own expense; and (5) perhaps most important, the employee must be impressed that the major benefit from any medical examination is his.

Costs of Medical Examinations. Exclusive of capital outlay, medical examinations will cost approximately \$11 per person examined. This cost includes hourly fees for physicians and nurses, laboratory costs, and supplies. If many special tests are requested, the cost will be higher. Applicants for positions will cost less than re-examinations as the time required for discussion of medical findings is less. If applicants are informed as to medical requirements for specific employment, many persons with known defects do not appear for a medical examination. If there are fewer rejects for medical reasons, the actual cost to the city is less for each position filled. For these reasons, the actual cost per examination can only be an approximation. The best measure of the value of medical examinations, whatever the cost, can be determined by comparing the following figures before and after instituting an employee health program: average number of days of sick leave, compensable illness, and injury costs.

#### Health Information

One important service that a city can provide at little cost is health education. In many communities public and private agencies carry on general programs of health education about certain health problems, such as cancer, mental health, and heart disease. Certainly city officials should take the opportunity of bringing the information that these programs offer directly to city employees.

Los Angeles, for example, cooperates with the Los Angeles branch of the American Cancer Society in the education of city employees. The program involves showing films about cancer to all city employees and review of the main points of the films by doctors of the Cancer Society. Employees have learned about community resources for the protection and treatment of cancer, and many appreciate the released time as an expression of concern by city officials for their well-being. Employees and their families are much more aware of the benefits and services available through a community agency they help to support.



# CITY OF SAN JOSE

## REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME				2. DEPARTMENTAL ASSIGNMENT				3. POSITION CLASS. NO.			
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)				5. PURPOSE OF EXAMINATION				6. DATE OF EXAMINATION			
7. SEX		8. RACE		9. TOTAL YRS. CITY SERVICE CITY                      DEPT.		10. NON-CITY OCCUPATION		11. PREVIOUS EMPLOYER		11A. YRS. IN JOB	
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN							
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS						16. OTHER INFORMATION					
17. RATING OR SPECIALTY						TIME IN THIS CAPACITY: TOTAL                      LAST SIX MONTHS					

  

CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)	
NORMAL	ABNOR-MAL		
	18. HEAD, FACE, NECK, AND SCALP		
	19. NOSE		
	20. SINUSES		
	21. MOUTH AND THROAT		
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)		
	23. DRUMS (Perforation)		
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)		
	25. OPHTHALMOSCOPIC		
	26. PUPILS (Equality and reaction)		
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)		
	28. LUNGS AND CHEST (Include breasts)		
	29. HEART (Thrust, size, rhythm, sounds)		
	30. VASCULAR SYSTEM (Varicosities, etc.)		
	31. ABDOMEN AND VISCERA (Include hernia)		
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)		
	33. ENDOCRINE SYSTEM		
	34. G-U SYSTEM		
	35. UPPER EXTREMITIES (Strength, range of motion)		
	36. FEET		
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)		
	38. SPINE, OTHER MUSCULOSKELETAL		
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS		
	40. SKIN, LYMPHATICS		
	41. NEUROLOGIC (Equilibrium tests under item 72)		
	42. PSYCHIATRIC (Specify any personality deviation)		
Females only (Check how done)			
	43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		
			(Continue in item 73)

  

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES		
O.—Restorable teeth                      X.—Missing teeth                      (8 X 8).—Fixed bridge, brackets to include abutments /.—Nonrestorable teeth                      XXX.—Replaced by dentures																		
RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18			17

  

LABORATORY FINDINGS		
45. URINALYSIS: SP. GR.		46. CHEST X-RAY (Place, date, film number, result)
ALBUMIN	SUGAR	47. SEROLOGY (Specify test used and result)
	MICROSCOPIC	
48. EKG		49. BLOOD TYPE AND RH FACTOR
		50. OTHER TESTS

Figure 2 — Report of Medical Examination (front side)



MEASUREMENTS AND OTHER FINDINGS																																						
51. HEIGHT		52. WEIGHT		53. COLOR HAIR		54. COLOR EYES		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP.																												
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																
SITTING		SYS.		RECUM-BENT		SYS.		STANDING (3 min.)		SYS.																												
DIAS.		DIAS.		DIAS.		DIAS.		DIAS.		DIAS.																												
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																														
RIGHT 20/		CORR. TO 20/		BY		S.		CX		CORR. TO BY																												
LEFT 20/		CORR. TO 20/		BY		S.		CX		CORR. TO BY																												
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD																																						
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)																														
RIGHT LEFT								UNCORRECTED																														
								CORRECTED																														
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION																												
70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																												
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td>250 dB</td> <td>500 dB</td> <td>1000 dB</td> <td>2000 dB</td> <td>3000 dB</td> <td>4000 dB</td> <td>5000 dB</td> <td>6000 dB</td> </tr> <tr> <td>RIGHT WV</td> <td>/15 SV</td> <td>/15</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT WV</td> <td>/15 SV</td> <td>/15</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>									250 dB	500 dB	1000 dB	2000 dB	3000 dB	4000 dB	5000 dB	6000 dB	RIGHT WV	/15 SV	/15							LEFT WV	/15 SV	/15								
	250 dB	500 dB	1000 dB	2000 dB	3000 dB	4000 dB	5000 dB	6000 dB																														
RIGHT WV	/15 SV	/15																																				
LEFT WV	/15 SV	/15																																				
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																						
(Use additional sheets of plain paper if necessary)																																						
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)																																						
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)								76. PHYSICAL PROFILE																														
								<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				P	U	L	H	E	S																					
P	U	L	H	E	S																																	
77. EXAMINEE (Check) <input type="checkbox"/> IS QUALIFIED FOR <input type="checkbox"/> IS NOT								PHYSICAL CATEGORY																														
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER								<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				A	B	C	E																							
A	B	C	E																																			
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE																																
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE																																
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE																																
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE																																
						NUMBER OF AT-TACHED SHEETS																																

Figure 2 — Report of Medical Examination (reverse side)



### First Aid and Safety

City officials should have a vital interest in safety programs and provisions for administering first aid. Although physical examinations will spot individuals who physically may be occupational injury or illness risks, an employee safety program also is needed. An adequate program is described in a number of publications, one of which is *Municipal Personnel Administration* (International City Managers' Association) pages 210-214.

Those responsible for safety should take the steps that prevent accidents. For example, all motor vehicles should be equipped with safety belts, and their use should be a mandatory. Moving saws, belts, and other equipment should be adequately protected. Compilation of accident rates by city department, comparison with previous records, and an explanation of an occasional bad record, will encourage department heads and employees to be more safety minded.

Cities must not only have preventive programs but also must provide for treatment of injuries when they occur. While the examining physician may not be responsible for provision of first aid training for city employees, this training is important for firemen, policemen, public health employees, as well as many others. Public works department employees often find that a small amount of first aid on the job will save them many days off the job. Provision of adequate first aid kits and instructions as to use in case of injuries is important.

An important function of the medical examiner in the area of safety is to evaluate hazardous working conditions which require medical protective measures. For instance, public works employees exposed to possible puncture wounds should be protected with tetanus toxoid; sewer workers should have typhoid-paratyphoid vaccination; and personnel engaged in emergency services, such as police and fire, should be protected against influenza. Since a sudden influenza epidemic might deplete the city's safety forces, the protection of the health of city employees is important, and the cost is relatively small. While some immunizations should be required for certain employees, they should be offered on a voluntary basis to all employees.

### Related Programs

**Sick Leave.** Adequate sick leave provisions are necessary to have efficient employees at work to permit adequate recovery from illness, and to prevent spread of colds and other communicable diseases among employees. Sick leave is discussed fully in *Municipal Personnel Administration* pages 198-205. Sick leave policies are related to the health program to make sure that employees who have been sick are physically able to return to work and to insure that those frequently using sick leave are not abusing the benefit.

Certification of sick leave is important for illnesses of more than a few days where medical attention is needed. In a few cities this certification is done by a visiting nurse. The visiting nurse has two functions. One is to encourage the employee to seek medical assistance if needed and to aid him to recover rapidly. Her other function is that of verifying that the employee is sick.

The more common practice is to have a doctor certify that the employee has been sick. If an employee is ill more than three days, it is common practice to have a doctor certify the sickness (see Figure 3). Notice that the form includes a place to indicate the type of illness.

**Medical and Hospital Insurance Plans.** Many cities today share with employees the cost of prepaid medical and hospital insurance. Usually the cost of this insurance is based upon the experience which the insurance carrier has with a particular group. If good medical examinations are used in the selecting process for city employees, the group will have a better experience record than if no examinations are required. Medical and hospital insurance plans are covered in *Municipal Personnel Administration*.

**Provision for Retirement.** Retirement in relation to comprehensive health programs should contain the following basic provisions: (1) retirement for persons who cannot work because of injury, sickness, or old age; (2) an income which will enable them to maintain a decent standard of living; and (3), if possible, a continuation of medical care and hospital benefits which they enjoyed as city employees (see *Municipal Personnel Administration*, pages 214-227).



## CIVIL SERVICE DEPARTMENT

Figure 3.

## Conclusion

*Acknowledgements.* Grateful acknowledgement is made to Dr. Dwight M. Bissell for preparing this report. Dr. Bissell has been health officer of San Jose, California, for 19 years, and was formerly health officer for Monterey County, California. Management Information Service also wishes to thank the following persons for reviewing the report and making helpful suggestions: Harold O. Freeburg, personnel director, Metropolitan Dade County, Florida; Dr. S. F. Farnsworth, director, health department, Maricopa County, Arizona; R. N. Klein, Chief Administrative Officer, Fresno, California; and Lew Fay, personnel director, San Diego, California.